

Write Fully, with Unfading Ink.—This is a Permanent Record.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 5 days after birth.

PLACE OF BIRTH				ARIZONA TERRITORIAL BOARD OF HEALTH			
BUREAU OF VITAL STATISTICS.				ORIGINAL CERTIFICATE OF BIRTH.			
County of	<u>Yuma</u>	Ter. Index No.	<u>69</u>				
District of	<u>San Carlos</u>	Register No.	<u>42</u>				
Town of	<u>San Carlos</u>	(No. .... St.; .... Ward)					
City of							
FULL NAME OF CHILD				Born <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If child is not named, make Supplemental report on blank obtainable from local registrar.							
Sex of Child	<u>Male</u>	Twin, Triplet or other	<u>Single</u>	Number in order of birth	<u>1</u>	Legitimate?	<u>yes</u>
Date of Birth	<u>Feb.</u>	<u>14<sup>th</sup></u>	<u>1910</u>				
Full Name	FATHER <u>Timothy Victor</u>			MOTHER <u>Natasha</u>			
Residence	<u>San Carlos</u>			<u>San Carlos</u>			
Color or Race	<u>Indian</u>	Age at last Birthday	<u>38</u>	Color or Race	<u>Indian</u>	Age at last Birthday	<u>34</u>
Birthplace	<u>Arizona</u>			<u>Arizona</u>			
Occupation	<u>Farmer</u>			<u>Housewife</u>			
Number of child of this mother		<u>1</u>	Number of children, of this mother, now living		<u>1</u>	Were precautions taken against Ophthalmia neonatorum?	
						<u>Not known</u>	

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child; and that it occurred on....., 19....., at..... M.

\*When there is no attending physician or midwife, then the householder must make this return.

(Signature)

(Attending physician, midwife, householder. \*)

Given or christian name added from a supplemental report ..... 19.....

Filed Mch. 5 1910

Address Barre B. Boyd, M.D.

A TRUE COPY.

Filed Mar 7 1910

B. G. S. G. S. G. S.

059-214-051

COUNTY REGISTRAR.

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